

**LIFE COMPANY ABSTRACT OF STATEMENT**

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 4803 (Rev. 4-2007)

INSTRUCTIONS ON
REVERSE

* 48030505 *

**TWO forms must be returned
(1 completed original plus 1
copy of original)****ALL INFORMATION MUST BE TYPEWRITTEN.**

| | | |
|-------------------|-------------------|--|
| Name of Company | NAIC Company Code | FOR YEAR ENDING DECEMBER 31, 20 . |
| State of Domicile | | |

*MUTUAL COMPANY: Delete reference to capital***PLEASE DROP ALL CENTS**

| DATA FROM ANNUAL STATEMENT OF COMPANY | | SOURCE OF DATA |
|---|----|-----------------------|
| ALL INFORMATION MUST BE CORRECT; SUBJECT TO PENALTY. | | |
| TOTAL ASSETS | \$ | Page 2 |
| TOTAL LIABILITIES | \$ | Page 3 |
| Common capital stock | | Page 3 |
| Preferred capital stock | | Page 3 |
| Aggregate write-ins for other than special surplus | | Page 3 |
| Surplus Notes | | Page 3 |
| Gross paid in and contributed surplus | | Page 3 |
| Aggregate write-ins for special surplus funds | | Page 3 |
| Unassigned funds (surplus) | | Page 3 |
| LESS treasury stock, at cost: | | Page 3 |
| (1) _____ shares common (value included in \$ _____ common capital stock) | | Page 3 |
| (2) _____ shares preferred (value included in \$ _____ common capital stock) | | Page 3 |
| SURPLUS AS REGARDS POLICYHOLDERS | \$ | Page 3, Line 38 |
| TOTAL LIABILITIES, CAPITAL AND SURPLUS | \$ | Page 3, Line 39 |

NORTH DAKOTA BUSINESS ONLY

| LIFE & ANNUITY | DOLLARS | SOURCE OF DATA State Page |
|-------------------------------|----------------|--------------------------------------|
| TOTAL DIRECT PREMIUMS WRITTEN | \$ | Line 5 |
| TOTAL DIRECT LOSSES PAID | \$ | Line 15 |
| ACCIDENT & HEALTH | DOLLARS | SOURCE OF DATA State Page |
| TOTAL DIRECT PREMIUMS WRITTEN | \$ | Line 26 |
| TOTAL DIRECT LOSSES PAID | \$ | Line 26 |

| | | | |
|-----------------------------------|--|---|----------|
| Name of Person Completing Form | | Telephone Number (prefer toll-free, if available) | |
| Title | | | |
| Name of Person to Send Invoice To | | | |
| Division and/or Department | | | |
| Address for Invoice | | | |
| City | | State | Zip Code |

INSTRUCTIONS

Complete in typewritten form only as all forms must be clear and legible.

One original and one copy is required. You must submit one original abstract of statement plus one copy for the North Dakota Advertising Service Inc.'s use.

Insert the company name and state of domicile where the home office is located in the appropriate space at the top of the form. Do not abbreviate. Do not use the street address. An alien company may insert the city and state where their principal United States branch office is located.

Please mail on or before March 1:

North Dakota Insurance Department
600 E Boulevard Ave Dept 401
Bismarck ND 58505-0320